## UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR 1.53(b)

**ATTORNEY DOCKET 82543SLP** Customer No. 01333

Commissioner for Patents To:

J1050 U.S. PTBox Patent Application

Washington, D.C. 20231

05/01/01 METHOD FOR DETECTING EYE AND MOUTH POSITIONS IN A DIGITAL IMAGE

First Named Inventor (or Application Identifier):

Shoupu Chen, et al

Express Mail Label No.

EL486848052US



Enclosed are:						
1. X Specification	6. X Assignment of the invention to					
	Eastman Kodak Company					
2. 14 Sheet(s) of drawing(s)	7. Certified copy of a priority document.					
3. Information Disclosure Statement Under 37 CFR 1.97	8. Associate Power of Attorney					
4. Combined Declaration for Patent Application and Power of Attorney:						
4a. X New	·					
4b. Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)						
	<b>,</b>					
5. <u>Incorporation by Reference (useable if Box 4b is</u>	9. Deletion of Inventor(s).					
checked) The entire disclosure of the prior application, from	Signed statement attached deleting inventor(s) named					
which a copy of the oath or declaration is supplied under Box 4b,	in the prior application, see 37 CFR 1.63(d)(2) and					
is considered as being part of the disclosure of the accompanying 1.33(b).						
application and is hereby incorporated by reference therein.						
10. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1,						
after the title, by inserting the following:						
CROSS REFERENCE TO RELATED APPLICATION						
Reference is made to and priority claimed from U.S. Provisional Application Serial No.,						
filed, entitled.						
If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:						

Continuation-in-part (CIP)

The filing fee has been calculated as shown below:

Divisional

12. X Please address all written communications to Thomas H. Close, Patent Legal Staff, Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201. Please Direct all telephone calls to Susan L. Parulski at (716) 477-4027.

Continuation

FOR:	NO. FILED		NO. EXTRA	RATE	FEE
BASIC FEE					\$ 710
TOTAL CLAIMS	36	- 20 =	16	x 18 =	\$ 288
INDEPENDENT CLAIMS	2	- 3 =	0	x 80 =	\$0
MULTIPLE DEPENDENT CLAIM PRESENTED			+ 270	\$0	
				TOTAL	\$ 998

Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of \$ 998.

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The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.

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